

**TOWN OF BEDFORD**

425 Cherry Street • Bedford Hills, New York 10507 • (914) 666-8097  
E-mail: [parking@bedfordny.gov](mailto:parking@bedfordny.gov) • [www.bedfordny.gov](http://www.bedfordny.gov)

PERMIT NUMBER \_\_\_\_\_

DATE ISSUED \_\_\_\_\_

**PARKING PERMIT APPLICATION**  
2015-2016 PERMIT SEASON (7/1/15 – 6/30/16)

\_\_\_\_\_ **Non-Resident Commuter**    ☐ Lot 3 - 50 Woods Bridge Road, Katonah    **Fee: \$1250**

NAME: Last Name, First Name \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

**VEHICLE INFORMATION (Up to three vehicles can be on one permit)**

VEHICLE PLATE # \_\_\_\_\_ VEHICLE PLATE # \_\_\_\_\_ VEHICLE PLATE # \_\_\_\_\_

MAKE \_\_\_\_\_ MAKE \_\_\_\_\_ MAKE \_\_\_\_\_

STATE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_ STATE \_\_\_\_\_ YEAR \_\_\_\_\_

**PAYMENT INFORMATION**

☐ CASH☐ CHECK☐ CREDIT CARD (Visa, MasterCard, American Express)

\* An additional 2 ½ percent fee will be charged to your credit card

Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_ Amount \$ \_\_\_\_\_

Receipt # \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card # \_\_\_\_\_

Exp. Date \_\_\_\_\_

3 Digit Security Code: \_\_\_\_\_

(Located on the back of your credit card)

\_\_\_\_\_  
Signature to authorize payment

The undersigned hereby states under the penalties of perjury that I reside at and occupy the above residential property and that I am the owner or authorized operator of the vehicles listed herein.

**NON-TRANSFERABLE**    **X** \_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
DATE